

1 Joseph H. Harrington
2 United States Attorney
3 Eastern District of Washington
4 George J.C. Jacobs III
5 Assistant United States Attorney
6 Post Office Box 1494
7 Spokane, WA 99210-1494
8 Telephone: (509) 353-2767

FILED IN THE
U.S. DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

NOV 21 2018

MEAN F. McAVOY, CLERK
DEPUTY
SPokane, WASHINGTON

9 UNITED STATES DISTRICT COURT
10 FOR THE EASTERN DISTRICT OF WASHINGTON

11 UNITED STATES OF AMERICA,

12 Plaintiff,

13 v.

14 JANET SUE ARNOLD
15 (a/k/a "Nugget"),
16 DANIELLE CORINE MATA,
17 JENNIFER CHERI PRICHARD,
18 DAVID BARNES NAY, and
19 LISA MARIE COOPER,

20 Defendants.

SUPERSEDING INDICTMENT
4:18-CR-06044-EFS

Vio: 21 U.S.C. §§ 841(a)(1),
(b)(1)(C), (b)(2), 846
Conspiracy to Distribute and
Possess with Intent to
Distribute Controlled
Substances
(Count 1)

21 U.S.C. §§ 841(a)(1),
(b)(1)(C), (b)(2), 18 U.S.C. § 2
Distribution of Controlled
Substances
(Counts 2 - 65)

21 U.S.C. § 853
Forfeiture Allegations

21 The Grand Jury charges:

22 GENERAL ALLEGATIONS

23 At all times relevant and material to this Indictment:

1 1. Defendant JANET SUE ARNOLD a/k/a “Nugget” (“ARNOLD”)
2 owned and operated a medical clinic known as Desert Wind Family Practice
3 (“DWFP”), located at 431 Wellsian Way, Richland, Washington 99352. DWFP was
4 not licensed by the State of Washington as a pain management clinic.

5 2. Defendant ARNOLD was a licensed physician who held a Washington
6 medical license and Drug Enforcement Agency (“DEA”) registration number. As
7 such, Defendant ARNOLD was authorized to prescribe controlled substances for
8 legitimate medical purposes and in the usual course of professional practice.

9 3. An individual (identified herein by the initials “T.N.”) acted as DWFP’s
10 receptionist until in or about March 2016. T.N. had no known medical background
11 and was not licensed as any type of care provider by the State of Washington.

12 4. Beginning in or about March 2016, Defendant ARNOLD hired
13 Defendant DANIELLE CORINE MATA (“MATA”) to work as DWFP’s
14 receptionist and office manager. Defendant MATA worked at DWFP until on or
15 about May 31, 2017, when the State of Washington summarily suspended Defendant
16 ARNOLD’s medical license. Defendant MATA was not licensed as any type of care
17 provider by the State of Washington, and did not have a DEA registration number
18 to prescribe controlled substances.

19 5. Beginning in or about November 2016, Defendant ARNOLD hired
20 Defendant JENNIFER CHERI PRICHARD (“PRICHARD”) to work at DWFP.
21 Defendant PRICHARD was not licensed as any type of care provider by the State of
22 Washington, and did not have a DEA registration number to prescribe controlled
23 substances.

24 6. At an exact date unknown, but at least by in or about March 2016 and
25 continuing through on or about May 3, 2017, Defendant ARNOLD would pre-sign
26 blank prescriptions and provide pre-signed blank prescriptions to Defendants
27 MATA and PRICHARD to provide to individuals seeking Schedule II and Schedule
28

1 IV controlled substances. At various times, Defendants MATA and PRICHARD
2 would meet with Defendant ARNOLD at off-site locations where Defendant
3 ARNOLD would pre-sign blank prescription paper to provide to individuals seeking
4 Schedule II and Schedule IV controlled substances.

5 7. At an exact date unknown, but at least by in or about March 2016 and
6 continuing through on or about May 3, 2017, Defendant ARNOLD would allow
7 Defendant MATA, even though Defendant MATA was not trained or legally
8 authorized to do so, to fill in all the required prescription information on blank
9 prescriptions pre-signed by Defendant ARNOLD – to include drug type, dosage, and
10 quantity – and Defendant ARNOLD would also allow Defendant MATA to provide
11 the prescriptions to customers or patients. Defendant ARNOLD would sometimes
12 pre-sign blank prescriptions without even knowing the identities of the customer to
13 whom the prescriptions would be issued or the nature or dosage of the drug to be
14 prescribed.
15

16 8. Defendant DAVID BARNES NAY (“NAY”) was Defendant MATA’s
17 brother-in-law. Defendant NAY used other individuals to obtain and fill
18 prescriptions for controlled substances using prescriptions pre-signed by Defendant
19 ARNOLD. Defendant NAY provided Defendant MATA with the name and other
20 required information to use on the otherwise blank pre-signed prescriptions.

21 9. Defendant LISA MARIE COOPER (“COOPER”) was a resident of
22 Prosser, Washington. COOPER used other individuals to obtain and fill
23 prescriptions for controlled substances using prescriptions pre-signed by Defendant
24 ARNOLD.
25

26 10. The Controlled Substances Act, 21 U.S.C. § 841 et seq. (“CSA”)
27 governs the manufacture, distribution, and dispensing of controlled substances in the
28 United States. With limited exceptions for medical professionals, the CSA made it

1 “unlawful for any person knowingly or intentionally ... to manufacture, distribute,
2 or dispense ... a controlled substance.”

3 11. The CSA defines a “controlled substance” as a drug or other substance
4 that is included in one of five schedules – Schedules I, II, III, IV, or V – of
5 Subchapter I, Part B of the Act. 21 U.S.C. § 802(6). Drugs or substances are placed
6 into these schedules based on their potential for abuse, among other reasons.

7 12. “Schedule II” means that the drug or other substance has a currently
8 accepted medical use with severe restrictions and has a high potential for abuse that
9 can lead to severe psychological or physical dependence. 21 U.S.C. § 812(b)(2).

10 13. “Schedule III” means that the drug or other substance has a currently
11 accepted medical use with a potential for abuse that is less than those listed in
12 Schedule II, but can lead to moderate or low physical dependence or high
13 psychological dependence. 21 U.S.C. § 812(b)(3).

14 14. “Schedule IV” means that the drug or other substance has a currently
15 accepted medical use with a low potential for abuse relative to those listed in
16 Schedule III and can lead to limited physical or psychological dependence. 21
17 U.S.C. § 812(b)(4).

18 15. “Fentanyl” is a generic name for a narcotic (opioid) analgesic. It is also
19 sold as transdermal patches under the brand name Duragesic®. Transdermal
20 fentanyl patches are designed to release a specific dose of fentanyl every hour for 72
21 hours (3 days). For example, a fentanyl 100mcg/hr patch will release 100mcg of
22 fentanyl every hour for 72 hours. Fentanyl is classified under federal law as a
23 Schedule II controlled substance. When legally prescribed for a legitimate medical
24 purpose, fentanyl typically is used for the relief of moderate to severe long-term
25 pain. Fentanyl can be extremely habit-forming. Fentanyl is to be prescribed only
26 when medically required and is to be taken only in a manner prescribed by a doctor
27 for a particular patient.
28

1 16. “Oxycodone” is a generic name for a narcotic (opioid) analgesic. It is
2 also sold under the brand name Roxicodone®. Oxycodone is classified under federal
3 law as a Schedule II controlled substance. When legally prescribed for a legitimate
4 medical purpose, oxycodone typically is used for the relief of moderate to severe
5 short-term pain. Oxycodone can be extremely habit-forming. Oxycodone is to be
6 prescribed only when medically required and is to be taken only in a manner
7 prescribed by a doctor for a particular patient.

8 17. “Methadone” is a generic name for a narcotic (opioid) analgesic. It is
9 also sold under the brand name Methadose®. Methadone is classified under federal
10 law as a Schedule II controlled substance. When legally prescribed for a legitimate
11 medical purpose, methadone typically is used for the treatment of withdrawal
12 symptoms in patients addicted to heroin and other narcotic drugs. Methadone can
13 also be used as a pain reliever as part of a drug addiction detoxification and
14 maintenance program. Methadone can be extremely habit-forming. Methadone is
15 to be prescribed only when medically required and is to be taken only in a manner
16 prescribed by a doctor for a particular patient.

17 18. “Hydromorphone” is a generic name for a narcotic (opioid) analgesic.
18 It is also sold under the brand name Dilaudid®. Hydromorphone is classified under
19 federal law as a Schedule II controlled substance. When legally prescribed for a
20 legitimate medical purpose, hydromorphone typically is used for the relief of
21 moderate to severe short-term pain. Hydromorphone can be extremely habit-
22 forming. Hydromorphone is to be prescribed only when medically required and is
23 to be taken only in a manner prescribed by a doctor for a particular patient.

24 19. “Methylphenidate” is a generic name for a stimulant. It is also sold
25 under the brand name Ritalin®. Methylphenidate is classified under federal law as
26 a Schedule II controlled substance. When legally prescribed for a legitimate medical
27 purpose, methylphenidate typically is used for the treatment of Attention Deficit /
28

1 Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), and/or
2 narcolepsy. Methylphenidate can be extremely habit-forming. Methylphenidate is
3 to be prescribed only when medically required and is to be taken only in a manner
4 prescribed by a doctor for a particular patient.

5 20. "Amphetamine mixture" is a generic name for a stimulant. It is also
6 sold under the brand name Adderall®. Amphetamine mixture is classified under
7 federal law as a Schedule II controlled substance. When legally prescribed for a
8 legitimate medical purpose, amphetamine mixture typically is used for the treatment
9 of Attention Deficit / Hyperactivity Disorder (ADHD) and/or narcolepsy.
10 Amphetamine mixture can be extremely habit-forming. Amphetamine mixture is to
11 be prescribed only when medically required and is to be taken only in a manner
12 prescribed by a doctor for a particular patient.

13 21. "Carisoprodol" is a generic name for a muscle relaxer. It is sold under
14 the brand name Soma®. Carisoprodol is classified under federal law as a Schedule
15 IV controlled substance. When legally prescribed for a legitimate medical purpose,
16 carisoprodol typically is used for the treatment of acute, skeletal muscle conditions
17 such as pain or injury. Carisoprodol can be habit-forming. Carisoprodol is to be
18 prescribed only when medically required and is to be taken only in a manner
19 prescribed by a doctor for a particular patient.

20 22. "Alprazolam" is a generic name for a sedative (benzodiazepine). It is
21 sold under the brand name Xanax®. Alprazolam is classified under federal law as a
22 Schedule IV controlled substance. When legally prescribed for a legitimate medical
23 purpose, alprazolam typically is used for the treatment of anxiety and panic
24 disorders. Alprazolam can be habit-forming. Alprazolam is to be prescribed only
25 when medically required and is to be taken only in a manner prescribed by a doctor
26 for a particular patient.

1 23. Pursuant to 21 U.S.C. § 822(b) and 21 C.F.R. § 290.1, the controlled
2 substances listed in Schedules II, III, IV, and V can be dispensed or distributed only
3 by prescriptions by a practitioner registered with the DEA for that purpose. The
4 DEA, as authorized by the CSA, issues registration numbers to qualifying medical
5 practitioners that allow them to issue prescriptions for Schedule II, III, IV, and V
6 controlled substances. Accordingly, controlled substances, such as opioid pain
7 medications, can be dispensed only pursuant to a valid prescription from a medical
8 practitioner authorized by the DEA to distribute controlled substances. 21 C.F.R. §
9 1306.03.

10
11 24. The term “practitioner” means a physician, medical doctor, dentist, or
12 other person licensed, registered, or otherwise permitted by the United States or the
13 jurisdiction in which he or she practiced, to distribute or dispense a controlled
14 substance in the course of professional practice.

15 25. Defendant ARNOLD was a medical doctor licensed by the State of
16 Washington Medical Board and considered a “practitioner” within the meaning of
17 the CSA.

18 26. Individual practitioners who, during times material to this Indictment,
19 wanted to distribute or dispense controlled substances in the course of professional
20 practice were required to register with the Attorney General of the United States
21 (“Attorney General”) before they were legally authorized to do so. Such individual
22 practitioners were assigned a registration number by the DEA.

23 27. Defendant ARNOLD was registered with the Attorney General and
24 DEA under registration number FA2884561.

25 28. Practitioners registered with the Attorney General were authorized
26 under the CSA to write prescriptions for, or to otherwise dispense, Schedule II, III,
27 IV, and V controlled substances, so long as they complied with the requirements of
28 their registrations. 21 U.S.C. § 822(b). The CSA prohibited any person from

1 knowingly and intentionally using a DEA registration number issued to another
2 person in the course of distributing or dispensing a controlled substance.

3 29. For medical doctors, compliance with the terms of their registration
4 meant that they could issue a prescription for a controlled substance to a patient only
5 if the prescription was "issued for a legitimate medical purpose by an individual
6 practitioner acting in the usual course of professional practice." 21 C.F.R.
7 § 1306.04(a). A doctor violates the CSA and Code of Federal Regulations if he or
8 she issues a prescription for a controlled substance outside the usual course of
9 professional medical practice and not for a legitimate medical purpose. Such
10 knowing and intentional violations subjected the doctor to criminal liability under
11 21 U.S.C. § 841(a) and 21 C.F.R. § 1306.04(a).

12 30. Pursuant to 21 C.F.R. § 1306.05(a) all prescriptions for controlled
13 substances are required to be dated as of, and signed on, the day when issued.

14 31. The practitioner must first determine that a prescription for a controlled
15 substance is for a legitimate medical purpose; then, the practitioner may authorize
16 an agent to prepare the prescription and must instruct the agent as to the required
17 elements of the prescription. The CSA defines an "agent" as "an authorized person
18 who acts on behalf of or at the direction of a manufacturer, distributor, or dispenser"
19 21 U.S.C. § 802(3). The practitioner signs the prescription only after reviewing the
20 prescription for accuracy.

21 32. Pursuant to 21 C.F.R. § 1306.12, the refilling of a prescription for a
22 Schedule II controlled substance is prohibited. However, a practitioner may issue
23 multiple prescriptions authorizing a patient to receive a total of up to a 90-day supply
24 of a Schedule II controlled substance if these and other conditions are met: (1) each
25 separate prescription is issued for a legitimate medical purpose by a practitioner
26 acting in the usual course of professional practice; (2) the practitioner provides
27 written instructions on each prescription (other than the first prescription, if the
28

1 prescribing practitioner intends for that prescription to be filled immediately)
2 indicating the earliest date on which a pharmacy may fill each prescription; and (3)
3 the practitioner concludes that providing the patient with multiple prescriptions in
4 this manner does not create an undue risk of diversion or abuse. 21 C.F.R. §
5 1306.12(b)(1).

6 33. The term “dispense” meant to deliver a controlled substance to an
7 ultimate user or research subject by, or pursuant to the lawful order of, a practitioner;
8 it included the prescribing and administering of a controlled substance. The term
9 “dispenser” meant a practitioner who so delivered a controlled substance to an
10 ultimate user or research subject. 21 U.S.C. § 802(10).

11 34. The term “distribute,” meant to deliver (other than by administering or
12 dispensing) a controlled substance. The term “distributor” means a person who so
13 delivers a controlled substance or a listed chemical. 21 U.S.C. § 802(11).

14 35. The term “doctor shopping” refers to the practice of a patient requesting
15 care from multiple physicians without making efforts to coordinate care or informing
16 the physicians of the other prescribing physicians in order to divert the drugs to
17 others or feed their own addiction to certain prescription drugs by faking or
18 exaggerating the extent of their true condition, or both.

19 36. Defendant ARNOLD distributed and dispensed, and caused to be
20 distributed and dispensed, Schedule II and Schedule IV controlled substances that
21 were not prescribed for a legitimate medical purpose and not in the usual course of
22 professional practice in the following non-exhaustive manners:

- 23 a. Conducting cursory, incomplete inadequate or no medical
24 examination;
- 25 b. Collecting and reviewing inadequate patient medical history and
26 follow-up verifications;
- 27
- 28

- c. Conducting insufficient dialogue with the patient regarding treatment options and risks and benefits of such treatments;
- d. Primarily treating patients with highly addictive controlled substances while failing to consider or prescribe other treatment options;
- e. Prescribing highly addictive controlled substances despite inadequate diagnostic testing;
- f. Prescribing highly addictive controlled substances to patients who complained of undocumented or uncorroborated physical ailments where lesser treatment options would be indicated;
- g. Failing to assess the risk of abuse for individual customers;
- h. Failing to monitor the patients' responses to the medication or compliance with medical usage;
- i. Failing to query the Prescription Monitoring Program;
- j. Failing to take a history of drug or alcohol abuse for individual patients;
- k. Increasing the dosages and strength of Schedule II controlled substances without justification;
- l. Failing to request records from prior providers or establishing why the purported patient changed providers;
- m. Routinely pre-signing blank prescriptions and giving the blank pre-signed prescriptions to her office manager, receptionist, and other non-medical personnel.

37. DWFP patients received prescriptions for Schedule II and Schedule IV Controlled Substances, often without meeting with Defendant ARNOLD. These patients would be charged \$20 to pick up a prescription. Patients were charged \$80 to \$120 for an appointment with Defendant ARNOLD.

1 38. Beginning in and around March 2016, and continuing through on or
2 about May 3, 2017, Defendants ARNOLD, MATA, PRICHARD, NAY, and
3 COOPER, worked together and with other individuals known and unknown to the
4 Grand Jury to distribute, and possess with intent to distribute, large amounts of
5 highly addictive prescription drugs in and around Richland, Washington.

6 SPECIFIC ALLEGATIONS

7 COUNT 1

8 39. Paragraphs 1 through 38 of the General Allegations section of this
9 Indictment are re-alleged and fully incorporated herein by reference.

10 40. Beginning on or about August 14, 2015, and continuing through on or
11 about May 31, 2017, in the Eastern District of Washington, the Defendants,
12 JANET SUE ARNOLD a/k/a “Nugget,” DANIELLE CORINE MATA,
13 JENNIFER CHERI PRICHARD, DAVID BARNES NAY, and LISA MARIE
14 COOPER, did knowingly and intentionally combine, conspire, confederate and
15 agree together, with others known and unknown, to commit the following offenses:

- 17 a) to knowingly and intentionally distribute and dispense, and cause to
18 be distributed and dispensed, quantities of controlled substances,
19 including Fentanyl, Oxycodone, Methadone, Hydromorphone,
20 Methylphenidate, Amphetamine mixture, all Schedule II controlled
21 substances, and Carisoprodol and Alprazolam, all Schedule IV
22 controlled substances, by issuing “prescriptions,” and causing the
23 issuing of “prescriptions,” without a legitimate medical purpose and
24 outside the usual course of professional practice, in violation of 21
25 U.S.C. § 841(a)(1), (b)(1)(C), (b)(2), and 21 C.F.R. § 1306.04; and,
26 b) to knowingly and intentionally possess with intent to distribute and to
27 dispense, without a legitimate medical purpose and outside the usual
28 course of professional practice, quantities of controlled substances,

including Fentanyl, Oxycodone, Methadone, Hydromorphone, Methylphenidate, Amphetamine mixture, all Schedule II controlled substances, and Carisoprodol and Alprazolam, all Schedule IV controlled substances, in violation of 21, U.S.C. § 841(a)(1), (b)(1)(C), (b)(2), and 21 C.F.R. § 1306.04;

All in violation of 21 U.S.C. § 846.

COUNTS 2 - 65

41. Paragraphs 1 – 16, 21, and 23 -38 of the General Allegations section of this Indictment are re-alleged and fully incorporated herein by reference.

42. On or about the dates set forth below, in the Eastern District of Washington, the Defendants, JANET SUE ARNOLD a/k/a “Nugget,” DANIELLE CORINE MATA, JENNIFER CHERI PRICHARD, DAVID BARNES NAY, and LISA MARIE COOPER, specified as to each count below, did knowingly and intentionally distribute and dispense, and cause to be distributed and dispensed, a mixture and substance containing a detectable amount of a Schedule II controlled substance (Oxycodone, Fentanyl) and Schedule IV controlled substance (Carisoprodol), as listed below, by issuing “prescriptions” without a legitimate medical purpose and outside the usual course of professional practice, each of which constitutes a separate count of this Indictment:

COUNT	Approximate Distribution Date	Defendant	Name on Prescription	Controlled Substance	Quantity
2	10/9/2015	ARNOLD	K.C.	Oxycodone 15mg	30 pills
3	2/1/2016	ARNOLD	K.C.	Oxycodone 20mg	60 pills
4	2/17/2016	ARNOLD, MATA	K.C.	Oxycodone 20mg	90 pills

5	3/2/2016	ARNOLD	K.C.	Oxycodone 20mg	90 pills
6	4/30/2016	ARNOLD, MATA, COOPER	K.M	Oxycodone 15mg	120 pills
7	5/2/2016	ARNOLD, MATA, NAY	N.L	Oxycodone 20mg	60 pills
8	5/26/2016	ARNOLD, MATA, NAY	N.L.	Fentanyl 50mcg	15 patches
9	5/27/2016	ARNOLD, MATA, NAY	R.I.	Oxycodone 10mg	120 pills
10	6/3/2016	ARNOLD, MATA, COOPER	C.L.	Fentanyl 50mcg	15 patches
11	6/16/2016	ARNOLD, MATA, NAY	R.I.	Oxycodone 20mg	180 pills
12	6/18/2016	ARNOLD, MATA, COOPER	K.M	Fentanyl 75mcg	15 patches
13	6/18/2016	ARNOLD, MATA, COOPER	K.M.	Oxycodone 10mg	360 pills
14	6/27/2016	ARNOLD, MATA, NAY	R.S.	Oxycodone 10mg	180 pills
15	7/6/2016	ARNOLD, MATA, COOPER	C.L.	Fentanyl 100mcg	15 patches
16	7/7/2016	ARNOLD, MATA, NAY	C.S.	Fentanyl 50mcg	15 patches
17	7/19/2016	ARNOLD, MATA, COOPER	K.M.	Oxycodone 20mg	180 pills

1	18	8/9/2016	ARNOLD, MATA, NAY	N.L.	Fentanyl 100mcg	15 patches
2						
3	19	8/9/2016	ARNOLD, MATA, NAY	N.L.	Oxycodone 20mg	180 pills
4						
5	20	8/15/2016	ARNOLD, MATA, NAY	K.Y.	Oxycodone 10mg	120 pills
6						
7	21	8/18/2016	ARNOLD, MATA, COOPER	K.M.	Oxycodone 30mg	180 pills
8						
9						
10	22	9/8/2016	ARNOLD, MATA, NAY	R.S.	Fentanyl 50mcg	15 patches
11						
12	23	9/19/2016	ARNOLD, MATA, NAY	P.S.	Fentanyl 25mcg	15 patches
13						
14	24	9/19/2016	ARNOLD, MATA, NAY	P.S.	Oxycodone 15mg	120 pills
15						
16	25	9/22/2016	ARNOLD, MATA, NAY	R.I.	Fentanyl 100mcg	15 patches
17						
18	26	10/7/2016	ARNOLD	K.C.	Oxycodone 20mg	240 pills
19						
20	27	10/7/2016	ARNOLD, MATA, NAY	N.L.	Fentanyl 100mcg	15 patches
21						
22	28	10/7/2016	ARNOLD, MATA, NAY	N.L.	Oxycodone 20mg	180 pills
23						
24	29	10/7/2016	ARNOLD, MATA, PRICHARD	M.A.	Carisoprodol 350mg	90 pills
25						
26	30	10/7/2016	ARNOLD, MATA, PRICHARD	A.M.	Carisoprodol 350mg	90 pills
27						
28						

31	10/18/2016	ARNOLD, MATA, NAY	S.R.	Oxycodone 5mg	120 pills
32	10/18/2016	ARNOLD, MATA, NAY	C.S.	Oxycodone 15mg	180 pills
33	10/18/2016	ARNOLD, MATA, COOPER	K.M.	Fentanyl 100mcg	15 patches
34	10/20/2016	ARNOLD, MATA, NAY	K.Y.	Fentanyl 75mcg	15 patches
35	10/27/2016	ARNOLD, MATA, NAY	P.S.	Oxycodone 15mg	120 pills
36	10/27/2016	ARNOLD, MATA, NAY	P.S.	Fentanyl 25mcg	15 patches
37	11/1/2016	ARNOLD, MATA, NAY	S.R.	Oxycodone 10mg	120 pills
38	11/10/2016	ARNOLD, MATA, NAY	N.L.	Oxycodone 20mg	180 pills
39	11/10/2016	ARNOLD, MATA, NAY	N.L.	Fentanyl 100mcg	15 patches
40	11/14/2016	ARNOLD, MATA, COOPER	C.L.	Oxycodone 30mg	180 pills
41	11/25/2016	ARNOLD, MATA, NAY	S.R.	Oxycodone 15mg	150 pills
42	12/1/2016	ARNOLD, MATA, NAY	P.S.	Fentanyl 50mcg	15 patches
43	12/1/2016	ARNOLD, MATA, NAY	P.S.	Oxycodone 15mg	120 pills

44	12/5/2016	ARNOLD, MATA, PRICHARD	K.S.	Carisoprodol 350mg	90 pills
45	12/12/2016	ARNOLD, MATA, NAY	R.S.	Oxycodone 15mg	180 pills
46	12/12/2016	ARNOLD, MATA, NAY	S.R.	Oxycodone 15mg	150 pills
47	12/19/2016	ARNOLD, MATA, PRICHARD	K.M.	Carisoprodol 350mg	120 pills
48	12/23/2016	ARNOLD, MATA, NAY	K.Y.	Fentanyl 50mcg	15 patches
49	1/9/2017	ARNOLD, MATA, NAY	R.I.	Fentanyl 100mcg	15 patches
50	1/20/2017	ARNOLD, MATA, COOPER	C.L.	Fentanyl 100mcg	15 patches
51	1/31/2017	ARNOLD, MATA, NAY	K.Y.	Oxycodone 15mg	120 pills
52	2/15/2017	ARNOLD, MATA, NAY	R.I.	Fentanyl 100mcg	15 patches
53	3/3/2017	ARNOLD, MATA, COOPER	C.L.	Oxycodone 30mg	180 pills
54	3/8/2017	ARNOLD, MATA, NAY	C.S.	Fentanyl 75mcg	15 patches
55	3/9/2017	ARNOLD, MATA, NAY	C.S.	Oxycodone 15mg	180 pills

56	3/10/2017	ARNOLD, MATA, PRICHARD, COOPER	C.C.	Fentanyl 100mcg	15 patches
57	3/22/2017	ARNOLD, MATA, PRICHARD	K.C.	Oxycodone 30mg	150 pills
58	3/22/2017	ARNOLD, MATA, PRICHARD	K.C.	Oxycodone 30mg	150 pills
59	3/27/2017	ARNOLD, MATA, NAY	R.I.	Oxycodone 20mg	180 pills
60	3/29/2017	ARNOLD, MATA, NAY	K.Y.	Fentanyl 75mcg	15 patches
61	3/31/2017	ARNOLD, MATA, NAY	R.S.	Fentanyl 75mcg	15 patches
62	4/3/2017	ARNOLD, MATA, NAY	S.R.	Fentanyl 75mcg	15 patches
63	4/17/2017	ARNOLD, MATA, NAY	C.S.	Oxycodone 20mg	120 pills
64	4/28/2017	ARNOLD, MATA, NAY	R.S.	Fentanyl 50mcg	15 patches
65	4/28/2017	ARNOLD, MATA, COOPER	S.F.	Fentanyl 25mcg	15 patches

All in violation of 21 U.S.C. § 841(a)(1), (b)(1)(C), (b)(2), 21 C.F.R. § 1306.04, and 18 U.S.C. § 2.

NOTICE OF CRIMINAL FORFEITURE ALLEGATIONS

43. The allegations contained in Counts 1 through 65 of this Indictment are hereby realleged and incorporated by reference for the purpose of alleging forfeitures pursuant to 21 U.S.C. § 853.

44. Pursuant to 21 U.S.C. § 853, upon conviction of an offense(s) in violation of 21 U.S.C. §§ 841(a)(1), 846, as set forth in this Indictment, the Defendants, JANET SUE ARNOLD a/k/a “Nugget,” DANIELLE CORINE MATA, JENNIFER CHERI PRICHARD, DAVID BARNES NAY, and LISA MARIE COOPER, shall forfeit to the United States of America, any property constituting, or derived from, any proceeds obtained, directly or indirectly, as the result of such offense(s) and any property used or intended to be used, in any manner or part, to commit or to facilitate the commission of the offense(s).

45. If any of the property described above, as a result of any act or omission of the Defendant(s):

- a. cannot be located upon the exercise of due diligence;
- b. has been transferred or sold to, or deposited with, a third party;
- c. has been placed beyond the jurisdiction of the court;
- d. has been substantially diminished in value; or

///

///

///

///

///

///


///


///

1 e. has been commingled with other property which cannot be divided
2 without difficulty, the United States of America shall be entitled to forfeiture of
3 substitute property pursuant to 21 U.S.C. § 853(p).

4 DATED this 20 day of November, 2018.

5
6 A TRUE BILL
7
8
9
10

11
12 
13 Joseph H. Harrington
14 United States Attorney

15
16 
17 George J.C. Jacobs III
18 Assistant United States Attorney
19
20
21
22
23
24
25
26
27
28